

Health and Wellbeing Board

Date: Thursday, 1st May, 2025

Time: 10.30 am

Venue: Kaposvar Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Charles Bleakley (BEMs+ (Primary Care)), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Jacqui Ford (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Kate Morton (Bath Mind), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Nic Streatfield (University of Bath), Suzanne Westhead (Bath and North East Somerset Council) and Christopher Wilford (Bath & North East Somerset Council)

Other appropriate officers
Press and Public



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NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet www.bathnes.gov.uk/webcast. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.

Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

Further details of the scheme can be found at:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

Health and Wellbeing Board - Thursday, 1st May, 2025

at 10.30 am in the Kaposvar Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

Please see agenda note 4 overleaf.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 14)

To confirm the minutes of the above meeting as a correct record.

ITEMS FOR COMMENT/SIGN OFF

8. REVIEW OF HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

10 minutes

To agree the revised terms of reference (to be circulated separately).

9. SOCIAL PRESCRIBING PROJECT

20 minutes

To discuss the Social Prescribing Project.

David Jenkins, Social Prescribing Project Manager, Tim Rawlings, Active Travel Social Prescribing Project Manager and Becky Brooks, Director 3SG,

10. BETTER CARE FUND PLAN 2025/26 (Pages 15 - 24)

20 minutes

To approve the B&NES Better Care Fund Plan for 2025 to 2026.

11. WINTER PLANNING (Pages 25 - 36)

20 minutes

To review winter planning arrangements for 2024/25 and discuss planning for 2025/26.

12. PUBLIC HEALTH, SOCIAL CARE AND MENTAL HEALTH PROCUREMENTS

15 minutes

Becky Reynolds and Laura Ambler to share information on recent procurements.

ITEMS FOR NOTING

13. ACTIVE TRAVEL MASTERPLAN/CREATING SUSTAINABLE COMMUNITIES IN NORTH EAST SOMERSET: THE JOURNEY TO NET ZERO

Please see the below links to further information on the Active Travel Masterplan and Creating Sustainable Communities in North East Somerset: The Journey to Net Zero

<https://www.bathnes.gov.uk/active-travel-masterplan>

<https://www.bathnes.gov.uk/creating-sustainable-communities-programme>

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 6th February, 2025, 11.15 am

Councillor Paul May	Bath and North East Somerset Council
Laura Ambler	Integrated Care Board
Dr Charles Bleakley	Bath Enhanced Medical Services (BEMS)
Councillor Alison Born	Bath and North East Somerset Council
Amanda Davies	HCRG
Sara Gallagher	Bath Spa University
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Will Godfrey	Bath and North East Somerset Council
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Ben Thompson	Avon Fire and Rescue Service
Suzanne Westhead	Bath and North East Somerset Council
Observer:	Cllr Robin Moss

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

46 APOLOGIES FOR ABSENCE

Scott Hill - Avon and Somerset Police
Stephen Quinton – Avon Fire and Rescue Service
Nic Streatfield – University of Bath
Martin Sim – Bath College
Paul Harris – Curo Housing
Cara Charles Barks – Royal United Hospital, Bath
Val Scrase - HCRG
Julia Griffith - BEMS

47 DECLARATIONS OF INTEREST

There were none.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

The Chair gave the following announcements:

1. Avon Fire and Rescue Services (AF&RS) Consultation.
On 27 December, AF&RS launched a six-week consultation to understand the views of local people, communities, businesses and wider partners on progress towards their Service Plan 2024-2028 as well as how much residents would be prepared to pay for their fire and rescue services in their council tax.

The feedback would help assess how AF&RS were performing against their plan, manage risks effectively, ensure the Service provided value for money, and make sure the Service was a good place to work.

The consultation closed on Friday 7 February at 12 noon. Links to the survey were available across the Service's social media channels, on the website and leaflets were distributed in the community.

2. Statement on behalf of Cllr May and Cllr Born:
"As Banes councillors and cabinet leads, we wish to record formally our concern at the process the ICB have undertaken, without reference to us, regarding the re-procurement of third sector mental health services. Their unilateral, BSW focused, action has destabilised a valuable and effective local supplier which has in recent years been commissioned to build up a range of innovative and highly effective local services in partnership with the local MH Trust. These integrated services have been seen as a lifeline by our residents and are fundamental to meeting their mental health needs. We have found it difficult to understand how our partners in the ICB would re-commission these services without any reference to Local Authority commissioned services in Bath and North East Somerset. We have met with senior colleagues in the ICB to discuss our concerns about the exclusion of local Councillors and Officers from the procurement process and have received assurances on future partnership working. We have also sought information on what

outcomes the new contractor will deliver for our communities and how this will improve on the services currently provided.”

49 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

A question was received from Rosie Phillips (CEO, Developing Health & Independence) in relation to the awarding of the adult and young person’s treatment contract. A response was sent, and a copy of the question and answer was circulated to the Board and is attached to these minutes.

50 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 7 November 2024 be approved as a correct record and signed by the Chair.

51 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The Board received a presentation on the Director of Public Health Annual Report (as circulated in the agenda papers) from Rebecca Reynolds (Director of Public Health and Cathy McMahon and Kate Richards (Public Health & Prevention Team).

The Board noted the focus on household food insecurity and considered what members could do to address this issue through their roles and networks. In response to questions from the Board about the role of food banks, it was confirmed:

1. Food banks were at the core of crisis response, and this had been identified as an opportunity to provide wraparound support with the co-location of services, e.g., Citizens Advice presence to offer advice about money and benefit entitlements.
2. There had been an increase in the number of people accessing food banks. As well as food banks similar services were provided by food clubs and community fridges. Some of these facilities were offering cookery skills in addition to providing food.

The following comments were raised:

1. It was recognised that volunteers played a key role in supporting food banks.
2. Bath Spa University provided a holistic service to students including food larders, supermarket vouchers, offering support and liaison about community provision and a student community meal offer run by the chaplaincy.
3. More use could be made of allotments in the B&NES area e.g., increasing availability of use for primary schools.
4. LGA had undertaken work on the role of local government in local food supply chains and B&NES Council could promote this through the network of Parish/Town Councils.
5. Greater emphasis was needed on education around cooking food from source. The development of the fast-food industry had resulted in less people having these skills. It was noted that Bath Mind ran nutrition courses and

workshops.

6. Healthwatch had organised a survey on food insecurity and would report back findings to a future meeting.
7. There could be an opportunity for GPs to signpost patients to services via the Community Wellbeing Hub if they recognised symptoms caused by malnutrition.

The Board **RESOLVED** to;

- (1) Understand the position of household food insecurity for the population in B&NES and the recommendations made in the report to further tackle this.
- (2) Consider how to advocate for action to address food insecurity through their roles and networks.
- (3) Note the summary of progress on recommendations made in the previous DPH annual report.

52 **BETTER CARE FUND UPDATE**

Laura Ambler, (Executive Director of Place, B&NES BSW ICB) and Suzanne Westhead (Director of Adult Social Care, B&NES Council) introduced the report and drew attention to the following:

1. Performance against metrics was on track, maintaining good performance of people being discharged from hospital and outcomes of people not returning to hospital was good.
2. The Board was asked to ratify the BCF Quarter 3 return.
3. There was new guidance for 2025-26, and it would be a 1 year rather than 2-year plan. There would be a funding review in line with the NHS 10-year plan and emerging policy on social care reform.
4. 31 March was the deadline for the submission and approval, and as timelines did not align to HWB meetings, it was recommended that officers be delegated authority to submit the report following circulation to the Board via email.

In response to Board members questions:

1. It was agreed that a summary of the new guidance be circulated to the Board.
2. It was noted that the changes included:
 - (i) less metrics to enable more autonomy for localities.
 - (ii) a shift to prevention.

The Board **RESOLVED** to;

(1) Ratify the BCF Quarter 3 return.

53 **ICB IMPLEMENTATION PLAN REFRESH AND THE OUTCOMES FRAMEWORK**

Laura Ambler (Executive Director of Place, B&NES BSW ICB) introduced the report and slides circulated in advance of the meeting and drew attention to the following:

1. The 2025/26 approach for the Implementation Plan was being brought to the Board to set out the path to publication at the end of March 2025 and the opportunities for feedback until that date.
2. The format of the plan would be more deliberate and streamlined.
3. An evidence-based Outcomes Framework was in development across the system and would form part of the Plan's evaluation process.
4. There had been a workshop for Alliance partners in B&NES to discuss priorities on 31 January:
 - a. Children and Young People's emotional health and wellbeing
 - b. Integrated Neighbourhood Teams
 - c. Health Inequalities – there was a discussion at the workshop about a focus on the educational attainment gap - could partners influence educational attainment and need?
5. There would be a further opportunity for feedback on the final version in advance of publication on 31 March which would include a statement from the Board.

The following comments were raised:

1. It was noted that there was a lot of work already being carried out in relation to narrowing the gap in educational attainment and it was important to avoid duplication. The focus needed to be on bringing different partners together to influence outcomes.
2. In response to questions about the format and accountability of integrated neighbourhood teams, it was confirmed that there would be a joint piece of work to influence the shape and delivery of the teams, and the structure and format would sit within the contract.

The Board **RESOLVED** to;

- (1) Note the attached slide deck setting out the pathway and approach to the 2025/26 Implementation Plan refresh.
- (2) Encourage participation in the feedback process once open.
- (3) Delegate opinion and approval of the Plan to the Chair of the Board in consultation with their chosen local authority representative and the ICB Place Director.

54 **JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN**

Sarah Heathcote, Health Inequalities Manager, B&NES Council summarised the Quarter 4 exception reports and annual priority indicator set summary and highlighted the main findings (presentation attached as an appendix to the minutes).

Laura Ambler (Executive Director of Place, B&NES BSW ICB) confirmed that in relation to Priority action 4.4 “Improve equitable access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres”, the pilot work on integrated neighbourhood teams had paused, but once the ICB work programme was set there would be integration with the JHWS priorities.

The following comments were raised:

1. it was noted that the work on the Affordable Schools Programme (1.3.3) had been shared with all schools and was recognised as best practice.
2. There were some new indicators relating to priority 2 based on the Council's Economic Strategy.
3. Should the Health and Wellbeing Board receive Equality Impact Assessments?

The Board **RESOLVED** to:

(1) Note the requests on the log:

- a. to promote and encourage schools to engage in the Affordable Schools Programme (1.3.3)
- b. to continue to champion the Community Wellbeing Hub (3.1.1)
- c. to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes (3.2.3).

(2) Note that a Master Exception Reporting Log was being maintained and updated.

(3) Feedback any issues to be considered as part of the Review and Refresh of the JHWS Implementation Plan currently in progress.

55 **WINTER PLANNING - REVIEW OF URGENT AND EMERGENCY CARE DATA**

This item was deferred until the next meeting.

56 **UPDATE ON PUBLIC HEALTH AND MENTAL HEALTH PROCUREMENTS**

This item was deferred until the next meeting.

The meeting ended at 12.37 pm

Chair

Date Confirmed and Signed

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING/ DECISION DATE:	01 May 2025
TITLE:	Bath and North East Somerset Better Care Fund 25-26 Planning Submission
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: B&NES BCF Narrative Plan (appendix 1) BCF Planning Excel Document (On Request) Capacity and Demand Excel Document (On request)	

1 THE ISSUE

- 1.1 Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. This BCF plan has been jointly developed by partners within the integrated care alliance (ICA) in B&NES to support integrated, person-centred care in communities. The two national objectives for 2025-26 are: 'reform to support the shift from sickness to prevention' and 'reform to support people living independently and the shift from hospital to home'.
- 1.2 B&NES BCF Plan for 2025-26 continues to build on progress made during 2024-25, strengthening the delivery of services and supporting the system transformation. There is a requirement to submit 2 additional returns alongside the Narrative Plan (Appendix 1), a demand and Capacity projection for the year ahead, and a Planning Template that details the projected expenditure for the period and includes our targets for key metrics.
- 1.3 The Government requires that the BCF Plan is owned by the Health and Wellbeing Board.
- 1.4 The Quarter 3 review of performance against 2024-25 plans was approved by the HWB in February 2025 and this detailed that all activity is on track, including spend, demand and capacity and performance against key metrics.

2 RECOMMENDATION

The Board is recommended to;

2.1 Approve B&NES BCF plan for 2025 to 2026.

2.2 Recognise the contribution of the Disabled Facilities Grant (DFG), an integral element of the Better Care Fund, which enables people to remain in their own homes.

3 THE REPORT

3.1 The 2025/26 BCF plan sets out our ambitions for delivering aligned and supportive planning and endorses a shared responsibility for the current pressures, challenges and opportunities across B&NES health and social care system. It has been created as a further layer of detail within our ICA delivery plan and blends with the Integrated Care Strategy (2023-28) and Implementation Plan, the BSW Primary and Community Care Delivery Plan, National Planning Guidance (2025-26), the BSW Operational Plan and the B&NES corporate and ASC strategic plans.

3.2 Partners across the health and care system are working together with a common set of identified values and principles. We continue to find new and better ways of responding by building on the support that people can find amongst their families, friends, and communities, by making more use of technology to help people remain independent, and by helping earlier and more effectively to stop people's circumstances getting worse. Where people do need additional help, we will ensure it is personalised and offers choice and control. Our BCF Plan priorities for 2025/26 blend with our developing ICA intentions and local response to the NHS Operational Plan. They include:

3.2.1 Investing in prevention and admission avoidance, reducing the pressure on urgent and emergency care and social care.

3.2.2 Reducing inequalities through reinforcing community partnerships and access to prevention and early intervention services, maintaining a focus on fairer health and wellbeing outcomes.

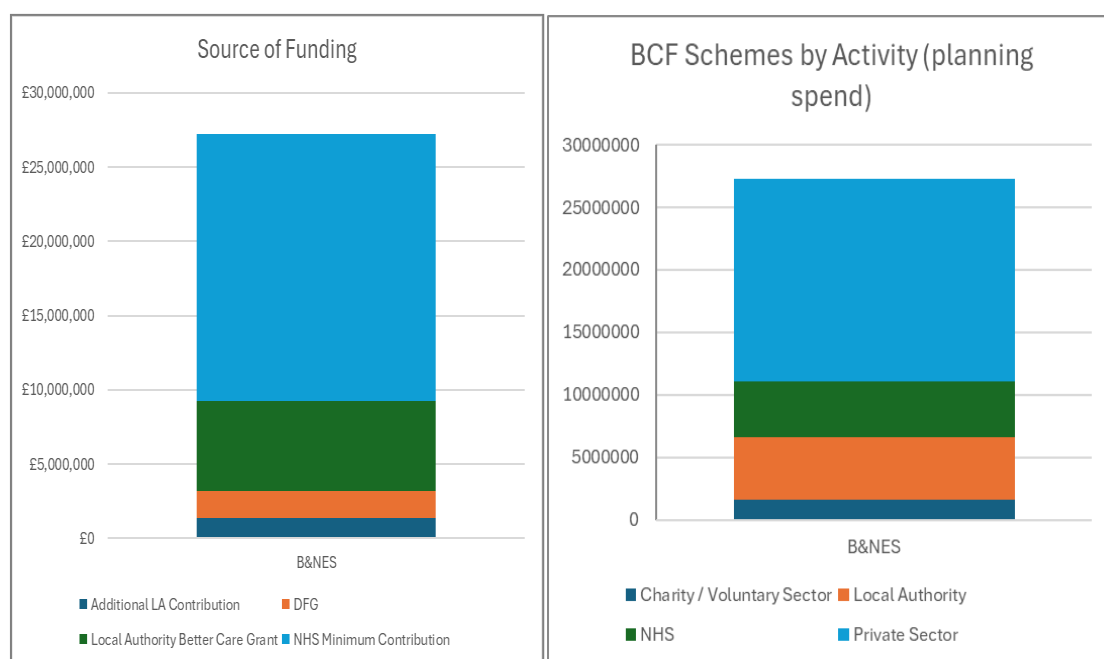
3.2.3 Maintaining effective discharge, interim care and reablement, enabling residents of B&NES to receive the right care, at the right time, in the right place, from the right organisation to regain and sustain independence.

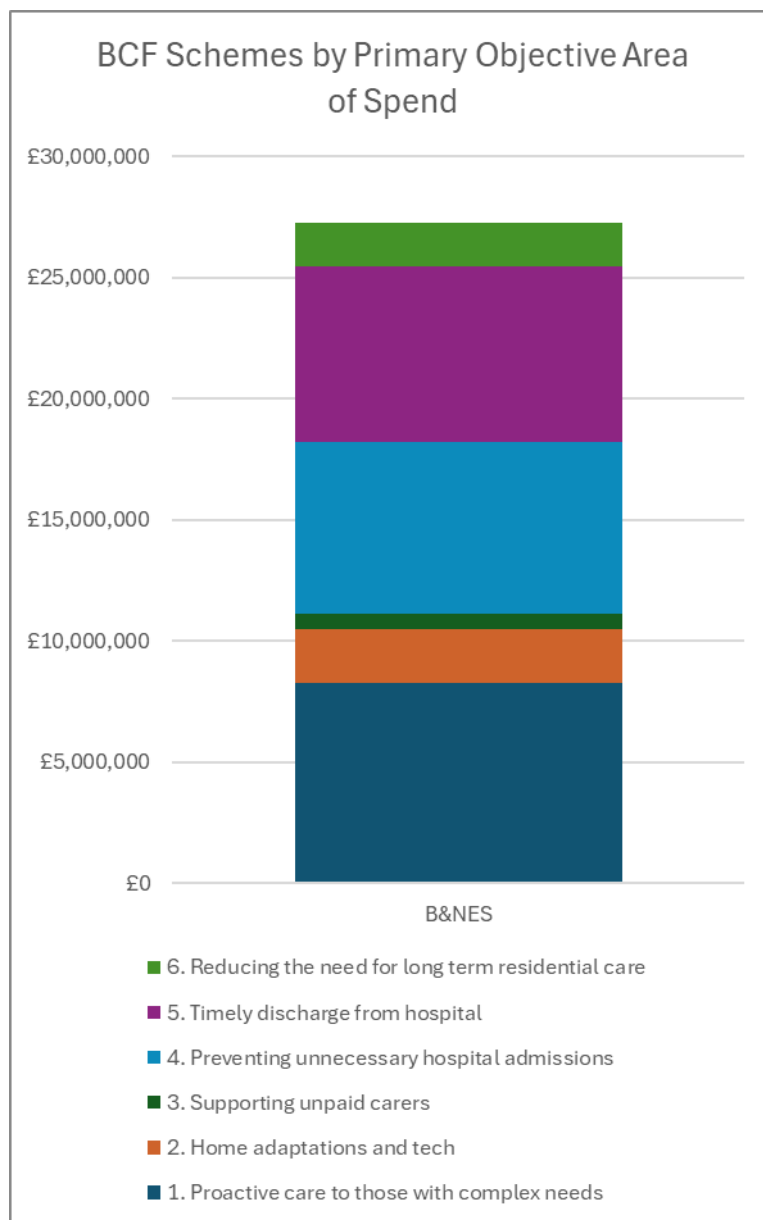
3.2.4 Enhancing care and supporting independence through improving access to digital and TEC solutions, community equipment and home adaptations.

3.2.5 Continuing to develop the assessments and access to information, advice and support for unpaid carers.

3.3 At the heart of our work is the core aim to tackle inequalities through a partnership approach. We are developing new models of care and integrated services in deprived areas. Working across our system the focus is to prevent unnecessary admissions, speed up discharges and plan effectively for seasonal demand. We are identifying and addressing the needs for adults, children and families in our population with additional care and support needs including learning disabilities, autism, mental health needs and special education needs. Work with third sector partners has been enhanced to use their expertise to deliver more responsive and accessible services in our communities. Initiatives and Services funded through the BCF (which includes the Local Authority Better Care Grant, previous ICB discharge funding and Disabled Facilities Grant (DFG)) continue to contribute to the delivery of our priorities.

- 3.4 The plan details the specific schemes and actions the partnership has identified to deliver these outcomes and provides confirmation of the agreed funding contributions. Clear metrics and targets have been set to monitor progress to provide oversight and assurance that the benefits and spend outlined in the plan are being delivered. Shared risks, information sharing protocols and robust governance arrangements are in place to support whole system ownership for the delivery of the BCF Plan.
- 3.5 The 2025-26 Plan has also been written collaboratively with colleagues in Wiltshire and Swindon, building on last year's improvements we have worked with each other to develop a shared approach to the metrics and sources of data and to demand and capacity planning, with support from the BSW BI team to inform the demand modelling in particular. This ensures consistency and accuracy. Moving into 2025 with the transformation of BSW community services we will work with BSW colleagues to generate an even further integrated approach to the metrics and modelling.
- 3.6 The total BCF pooled budget for B&NES is £27,232,252 for 25/26. The table provides the summary of expenditure against the BCF Schemes and the charts provide a high level over view of the plan through different lenses.







Bath and North East Somerset				
2025-26				
Running Balances		Income	Expenditure	Balance
DFG		£1,789,170	£1,789,170	£0
NHS Minimum Contribution		£18,004,164	£18,004,164	£0
Local Authority Better Care Grant		£6,048,668	£6,048,668	£0
Additional LA contribution		£1,390,250	£1,390,250	£0
Additional NHS contribution		£0	£0	£0
Total		£27,232,252	£27,232,252	£0
Required Spend				
This is in relation to National Conditions 3 only. It does NOT make up the total NHS Minimum Contribution (on row 10 above).				
2025-26				
		Minimum Required Spend	Planned Spend	Unallocated
Adult Social Care services spend from the NHS minimum allocations		£9,488,984	£9,488,984	

Scheme ID	Activity	Description of Scheme	Primary Objective	Area of Spend	Provider	Expenditure for 2025-26 (£)
1	Disabled Facilities Grant related schemes	Provision of Adaptations	2. Home adaptations and tech	Social Care	Private Sector	£1,789,170
2	Evaluation and enabling integration	Care Act - DoLs, Workforce, IMHA service, assessment resources	1. Proactive care to those with complex needs	Social Care	Local Authority	£1,390,250

2	Long-term residential/nursing home care	Support to Provider Market for Placements	1. Proactive care to those with complex needs	Social Care	Private Sector	£1,826,000
4	Discharge support and infrastructure	Integrated Delivery Infrastructure	5. Timely discharge from hospital	Social Care	Local Authority	£500,000
3	Discharge support and infrastructure	Support Planning & Brokerage	6. Reducing the need for long term residential care	Social Care	Local Authority	£376,151
3	Evaluation and enabling integration	Resource to support completion of assessments	6. Reducing the need for long term residential care	Social Care	Local Authority	£160,750
1	Housing related schemes	Scheme support for Extra Care Housing Scheme - Pemberley Place	6. Reducing the need for long term residential care	Social Care	Private Sector	£50,000
3	Evaluation and enabling integration	Transformation Programme management	6. Reducing the need for long term residential care	Social Care	Local Authority	£79,551
4	Evaluation and enabling integration	Care Journey Co Ordination, resource to support the implementation of anticipatory care	5. Timely discharge from hospital	Social Care	Private Sector	£70,500
5	Evaluation and enabling integration	Integrated care planning & navigation - 3SG	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	£75,000
5	Assistive technologies and equipment	Developing the use of advanced technology in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care.	2. Home adaptations and tech	Social Care	Private Sector	£250,000
5	Support to carers, including unpaid carers	Resource to support Carers Strategy, to support people to sustain their role as a carer, inc Parent Carers.	3. Supporting unpaid carers	Social Care	Local Authority	£115,000
5	Assistive technologies and equipment	Using equipment in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care.	2. Home adaptations and tech	Social Care	Private Sector	£150,000
2	Short-term home-based social care (excluding rehabilitation, reablement or recovery services)	Support to maintain living at home on completion of intermediate care	6. Reducing the need for long term residential care	Social Care	Private Sector	£375,000
4	Discharge support and infrastructure	Low Level Support to Discharge	5. Timely discharge from hospital	Social Care	Private Sector	£90,000

4	Housing related schemes	Support for discharge - de cluttering	5. Timely discharge from hospital	Social Care	Charity / Voluntary Sector	£30,000
5	Evaluation and enabling integration	Transformation of Community care - practice and workforce	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	£600,000
2	Long-term home-based community health services	In year measured schemes including discharge	4. Preventing unnecessary hospital admissions	Social Care	Local Authority	£1,300,716
6	Evaluation and enabling integration	Integrated delivery Infrastructure	6. Reducing the need for long term residential care	Social Care	Local Authority	£96,804
5	Assistive technologies and equipment	Using equipment in care processes to support self-management, maintenance of independence and more efficient and effective delivery of care	6. Reducing the need for long term residential care	Social Care	Private Sector	£133,524
2	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Bed based intermediate care services	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	£135,934
5	Support to carers, including unpaid carers	Carers advice and support related to Care Act Duties	3. Supporting unpaid carers	Social Care	Charity / Voluntary Sector	£543,913
5	End of life care	Community support via Village Agents	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	£39,238
6	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement Service	4. Preventing unnecessary hospital admissions	Community Health	Private Sector	£2,246,935
2	Long-term residential/nursing home care	Resources for placements and packages	1. Proactive care to those with complex needs	Social Care	Private Sector	£4,910,371
2	Long-term residential/nursing home care	Resources for placements and packages in MH	1. Proactive care to those with complex needs	Social Care	Private Sector	£149,528
1	Housing related schemes	Extra Care Step Down Beds	6. Reducing the need for long term residential care	Social Care	Private Sector	£179,391
5	Long-term home-based community health services	Regaining health & Independence Home Response (HFH)	6. Reducing the need for long term residential care	Social Care	Charity / Voluntary Sector	£67,967
6	Long-term home-based community health services	Stroke Association Co Ordinator	6. Reducing the need for long term residential care	Community Health	Charity / Voluntary Sector	£52,001

2	Housing related schemes	Extra Care Housing Scheme Support	6. Reducing the need for long term residential care	Social Care	Local Authority	£209,347
3	Evaluation and enabling integration	Resource to support programme management, commissioning and data management	5. Timely discharge from hospital	Social Care	Local Authority	£219,883
4	Evaluation and enabling integration	Flow support inc Trusted Assessor	5. Timely discharge from hospital	Social Care	NHS	£114,680
5	Long-term home-based community health services	Infrastructure and development costs Community Wellbeing Hub	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	£660,050
5	Wider local support to promote prevention and independence	Prevention Initiatives to promote independence and wellbeing	4. Preventing unnecessary hospital admissions	Social Care	Charity / Voluntary Sector	£124,970
4	Bed-based intermediate care (short-term bed-based rehabilitation, reablement and recovery services)	Interim care funding	5. Timely discharge from hospital	Community Health	Private Sector	£1,903,384
4	Evaluation and enabling integration	Early Discharge planning from hospital and resources for integrated discharge	5. Timely discharge from hospital	Community Health	NHS	£4,312,860
6	Home-based intermediate care (short-term home-based rehabilitation, reablement and recovery services)	Reablement Service	4. Preventing unnecessary hospital admissions	Social Care	Private Sector	£1,903,384

4 STATUTORY CONSIDERATIONS

4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The planned expenditure is built into the budget planning process for the BSW Integrated Care Board (ICB) and B&NES Council for 2025-2026.

5.2 There are no specific Legal or Human Rights implications arising from this report. The section 256 and 75 agreement of the NHS Act (2006) are a legal contract that outlines the responsibilities for using pooled budgets to support integration across health and care systems.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council and ICA's decision making risk management guidance.

7 EQUALITIES

7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households,

vulnerable groups, and people with specific accessibility needs. The BCF Plan 2025-2026 positively impacts on under-served populations living in B&NES.

8 CLIMATE CHANGE

8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

9.1 There is no alternative option. Better Care Fund Framework forms part of the NHS mandate for 2025-26. The use of BCF mandatory funding streams (NHS minimum contribution, Local Authority Better Care Grant and Disabled Facilities Grant (DFG) must be jointly agreed by the Integrated Care Board (ICB), and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs).

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as detailed in appendix 1.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	

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BSW B&NES Winter Update Health and Wellbeing Board

April 2025

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Agenda Item 11

Winter summary – 24/25

- Another challenging Winter with increased demand, ambulance handover delays and access waiting times
- **HOWEVER**B&NES locality consistently delivered the target of no more than 20 patients with No Criteria to Reside status in the RUH. This week the numbers waiting are in single figures. B&NES target reduced to range of 17 or under from April 1st 2025
- Revised P1 process (people being discharged back to normal place of residence with health and/or social care support) in place which has further reduced delays
- Known challenges remain particularly around access to specialist dementia care home beds

Early Winter system review – BSW

What went well:

- CYP Acute Respiratory Illness (ARI) hubs
- BSW Pharmacies signed up to Pharmacy first
- Sharing of Infection Prevention and Control risk
- Clear comms plan
- Rapid respond to resolving issues
- Mutual support

What didn't go so well:

- Organisational silos rather than a system approach
- Lack of 7 day working across the system
- Ambulance handover delays
- Late delivery of the vaccination programme
- NHS 111 – referral rates for minor illness could be improved

What was missing:

- Plan earlier with escalation rather than reactive actions
- Greater input from Primary Care & Mental Health into UEC space to ensure better understanding of competing pressures
- Variation of Hospital@Home across the ICS – noting high utilisation in B&NES across RUH and HCRG models
- System plans need to be collaboratively developed and owned

Acute Respiratory CYP Illness Hubs - Background

- Acute Respiratory Infections (ARIs) are one of the largest causes of emergency department (ED) attendances nationally
- ARI Hubs provide additional capacity, timely access to same day urgent assessment and preventing hospital attendance and ambulance conveyance.

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The [Getting it Right First Time \(GIRFT\) programme national specialty respiratory report](#) (March 2021) states that respiratory problems were among the most common reasons for general practice consultations and for acute hospital admissions even prior to COVID-19, and that admissions are growing at around 13% annually.

- However, the unprecedented level of ED attendances, as high as 60% above pre-pandemic levels for children and young people aged 2 to 10, is not translating into increases in emergency admissions. This highlights the opportunity to reduce pressures in urgent and emergency care (UEC) by strengthening community-based approaches to better support lower-acuity presentations.

ARI Hub Model(s)



For winter 2024-25, BSW ICB aimed to commission ARI Hubs for CYP using a single specification to cover B&NES, Swindon and Wiltshire.



CYP could attend their nearest clinic within the BSW geography



Due to the timing of funding, providers needed to mobilise quickly



As a result, there was variation in the provision in each Locality

Only the ARI Hubs in B&NES and Swindon had models based on the CYP specification.

The Wiltshire model was based on a previous model of additional winter capacity, with priority given to CYP

ARI Model overview

B&NES (BEMS)

- **Dates:** 18/11/24-14/03/25
- **Provision:** Mon – Fri 13:00-17:30, rotating to different sites step-up/down capacity.
- **Location:** across 7 sites in B&NES with focus on known areas of deprivation:
 - Bath (Combe Down Branch Surgery),
 - Bath (St Michael's Surgery)
 - Bath (Newbridge Surgery)
 - Bath (Widcombe Surgery)
 - Midsomer Norton, Radstock and surrounding areas (Hope House Surgery)
 - Midsomer Norton, Radstock and surrounding areas (Hillcrest Surgery)
 - Keynsham (St Augustine's Medical Practice)
- **Referral source:** All appointments are remotely booked by GP practices
- **Age:** CYP

Swindon (Brunel Health Group)

- **Dates:** 02/12/24-08/01-25 (CYP); 08/01/25-14/03/25 (all age)
- **Provision:** Mon - Fri 8.30 to 12.30
- **Location:** Swindon Health Centre
- **Referral source:**
- **Age:** CYP until 08/01/25, then all-age

Wiltshire (SWiC)

- **Dates:** 06/01/25-02/03/25
- **Provision:** Mon – Fri 18:30-22:00; Sat-Sun 10:00-16:00
- **Location:** Salisbury Walk-in Centre
- The additional capacity will be used for all patients, however children will be prioritised to ensure waiting times are as short as possible.
- **Referral source:** Self-referral, GP, 111, Pharmacy
- **Age:** all-age, with CYP prioritised

Activity

	Apts available	Apts booked	Utilisation						U16 Population (2021 Census)	Coverage
			Total	Nov	Dec	Jan	Feb	Mar		
BEMS (B&NES)	1,054	1,211	87%	98%	96%	84%	78%	88%	31,791	3.8%

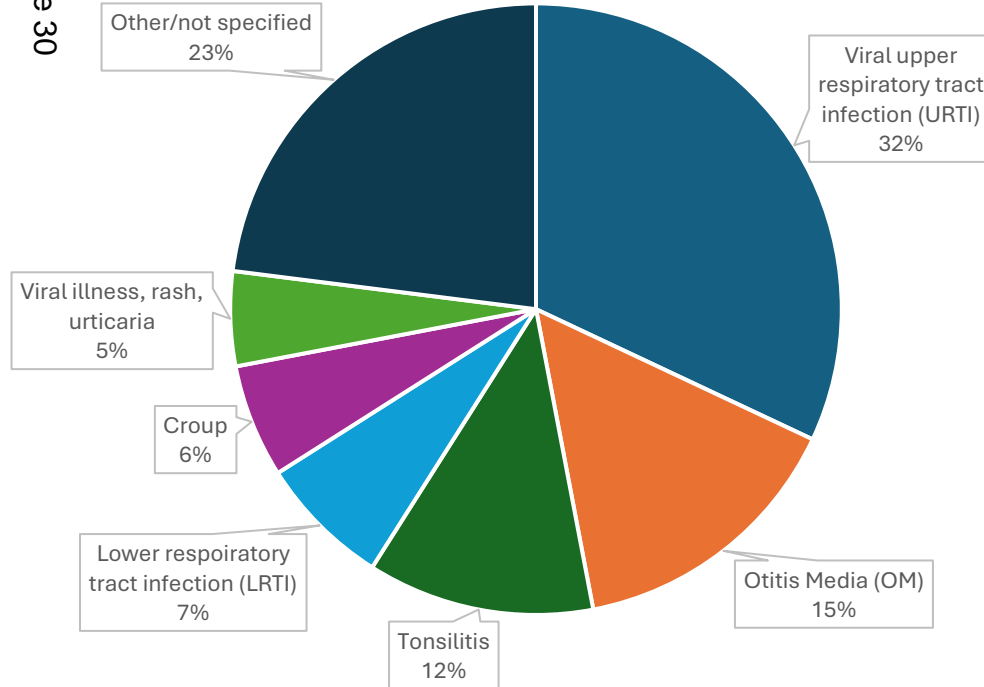
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- Reduced attendance in Secondary Care
- Reduced pressure on Primary Care
- Its estimated that without the hubs, up to half of those seen would have gone to ED (c.2,500) and up to half would have gone to primary care (c.2,500)
- Three ARI models to learn from for future provision
- Very positive feedback from CYP and their families

B&NES - BEMS

- Below shows the breakdown of diagnosis for the randomised sample of 721 patients seen in the PUSH clinics.

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- 55% of these referrals were prescribed medication, which is an increase from 41% in 2024 and 48% in 2023.
- 98% of patients during this audit were managed by the PUSH GP without discussion or referral to RUH paediatrician.
- In the patient questionnaire 76% of patients documented that they would have called 111 or attended A&E if this service had not been available.
- 134 responses from patients. 99% were happy with the outcome of their appointment. 98% would use the service again.
- 100% of GP's rated working in the service very good.

Patient Feedback: B&NES



1. Positive Experience with Service

Ease and Reassurance: "It was all made very easy, and it was so helpful and reassuring to have someone ready to deal so brilliantly with our daughter."

Gratitude: "Just that can't thank them enough."

Efficiency and Timeliness: "It was very good. Quick, efficient, on time. My child needed to be seen quickly by a doctor, and they had us in within a few hours. Hugely appreciated service."



2. Quality of Care

Professionalism and Kindness: "The doctor was polite and professional and patient and gentle with my poorly daughter. Also gave great advice and we couldn't have asked for a better experience."

Knowledge and Confidence: "Very kind and good with my daughter. Very knowledgeable and confident. Explained our diagnosis clearly."

Positive Interaction: "The doctor was actually amazing really kind and fun. I thought it was a great service and really felt cared for and listened to."



3. Service Awareness

Lack of Awareness: "I did not know about the push service before, perhaps it could be better advertised. It was very helpful."

Need for Better Communication: "Great service didn't realise it was specifically for paediatric care. Would be good to have been told just to have better understanding."

Publicity: "This service could be publicised more. I didn't know it existed."



4. Overall Satisfaction

General Praise: "Great service, put minds at ease with little ones."

Appreciation: "Great service - thank you!!"

Positive Experience: "The service was amazing! Thanks for caring for my boy."

Key Learning and Recommendations

Challenges	Lessons Learnt	Recommendations
Early mobilisation	<ul style="list-style-type: none"> Initially this service required a lot of management time and resources to ensure a strong mobilisation and delivery plan in the primary stages More notice needed to confirm finance and required provision so providers can plan Missed surge of activity in early November 	<p>Timely Planning to mobilise:</p> <ul style="list-style-type: none"> National evaluation (2022-23) recommends planning from August for Mid-October start. Provider(s) recommend provision starts before October Half-Term (w/c 20/10/25), to cover period November-March
Appointment descriptions <div>Page 32</div>	<ul style="list-style-type: none"> Need for clear SOPs to mitigate risk of appointments not booked appropriately (BEMS) Clarity on teams booking patients in (a number of patients were booked in for their management of Chronic Respiratory Disease rather than on the day issues; BHG) Some practices were not clear on the scope of the ARI Hub and nature of on the day provision 	<ul style="list-style-type: none"> Providers to have updated SOPs and resources for staff booking appointments to ensure appropriate bookings into CYP ARI provision Clarify to all clinicians and practices that any follow up care need to be seen by their own practice to enable continuity of care (BHG)
Appointments timings	<ul style="list-style-type: none"> Inadequate time (15mins) for a thorough patient assessment The provision of both morning and afternoon clinics enabled practices whose phone lines do not open until 8.30am to access this On the Day capacity (BHG). 	<ul style="list-style-type: none"> Ensuring dedicated slots are available for reviewing test results Include breaks within schedule to manage appointments that need more time than allocated Offering both morning and afternoon capacity for the working week would be effective (BHG).
Facilities and Equipment	<ul style="list-style-type: none"> Clarity on where to go in building/signage due to CYP and families arriving in unfamiliar locations, inc. no reception on ARI floor of building Translation Services were not reliable (Language Line) and action to utilise ipads etc with google translate were not always successful (BHG) Due to IT issues and HealthHero no longer using SystmOne, this was not ready in time for this year. (BEMS) which meant partners could not book directly from Out Of Hours/111 Review of pulse oximeters used in clinics to ensure consistency 	<ul style="list-style-type: none"> Ensure patient journey considered and clear signage and communication in place Providers to ensure appropriate translation services are available 111 and Out of Hours booking systems to be setup and confirmed before ARI Hubs going live Raise pulse oximeter with the host sites

Next Steps

1. Confirm procurement options across each of the three localities
2. Update service specification based on feedback and evaluation from Winter 2024-25
3. Confirm 111 setup and interface before provision commences
4. Clarify referral routes – if patients can self-refer confirm triage process
5. Confirm CYP/All-age provision – will adults be included in future plans

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